STATEMENT UNDER 37 CFR 3.73(b)	
Applicant/Patent Owner: Martin Leonard Ashdown	
Application No./Patent No.: 10/576,981	Filed/Issue Date: March 2, 2007
Entitled: METHOD OF THERAPY	
ImmunAid Pty. Ltd. , a (Type of Assignee)	corporation Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:	
1. x the assignee of the entire right, title, and interest;	or
2. an assignee of less than the entire right, title and interest.	
(The extent (by percentage) of its ownership interest is %)	
in the patent application/patent identified above by virtue of either:	
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment	
was recorded in the United States Patent and Trademark Office at Reel,  Frame, or for which a copy thereof is attached.	
OR	eoris attacried.
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:	
1. From:	To:
The document was recorded in the United Sta	
Reel , Frame	_ , or for which a copy thereof is attached.
2. From:	To:
The document was recorded in the United Sta Reel , Frame	tes Patent and Trademark Office at _ , or for which a copy thereof is attached.
3. From:	To:
The document was recorded in the United Sta	tes Patent and Trademark Office at
Reel, Frame	, or for which a copy thereof is attached.
Additional documents in the chain of title are listed on a supplemental sheet.	
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.  [NOTE: A separate copy ( <i>i.e.</i> , a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO.  See MPEP 302.08]	
The undersigned (whose title is supplied below) is authorized	d to act on behalf of the assignee.
M. L. Ashdown	17 November 2008
Signature	Date
MARIA LUISA ASHOOWN	613 8412 7002
Printed or Typed Name	Telephone Number
DIRECTOR	<del></del>
Title	